



POLK COUNTY SHERIFF'S OFFICE
Sheriff Kevin J Schneider
Application for Public Safety Cadet Membership



DATE: ____ / ____ / ____

NOTICE: Applications must be typewritten or clearly printed in ink. All questions must be answered and accompanying documents received prior to processing. If not applicable, indicate "N/A". If additional space is needed to provide complete answers or if you wish to provide additional information, please attach sheets of the same size as this application and number the sheets to correspond with the questions.

Personal Information

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____

City and State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Social Security #: _____ Male / Female

Home Phone: _____ Cell Phone: _____ Cell Phone Carrier: _____

Email Address _____

Are you a U.S. citizen: Yes _____ No _____ Place of Birth (City/State/Country) _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars, Marks, or Tattoos: _____

List all names that you have ever used: _____

EDUCATION RECORD

Attach to this application your most current school report card or transcript. Your application will not be processed without your grade report.

High School-Name & Address	Dates	
	From	To

College or University	Dates		Major	Degree
	From	To		

Other education, training or special skills: _____

If you are working on a college degree, please give the anticipated completion date: _____

Type of degree expected: _____ Name of Institution: _____

Were you ever dismissed from a school or have disciplinary action taken against you, including scholastic probation?

Yes / No__ If yes: Type of action: _____ Name of School: _____

Type of action taken: _____

List awards, honors, citations, positions held in school organizations, athletic endeavors and any other recognition you received while in school: _____

EMPLOYMENT

List chronologically all employment, including summer and part-time employment while attending school.

Employer Information	Dates		Position / Title	Supervisor Name
	To	From		
Name:				
Address:				
City/State/Zip:				
Telephone:				
Name:				
Address:				
City/State/Zip:				
Telephone:				
Name:				
Address:				
City/State/Zip:				
Telephone:				
Name:				
Address:				
City/State/Zip:				
Telephone:				

Have you ever been dismissed or fired from any job for any reason or quit a job after being notified that you were going to be dismissed or fired? Yes / No _____

If yes, please explain. _____

OPERATOR'S LICENSE

Are you a licensed motor vehicle operator? Yes / No

If yes, list the state(s) you are licensed in:

State _____ Driver's License # _____

State _____ Driver's License # _____

Has your driver's license ever been suspended, revoked or denied in this or any other state? Yes / No

If yes, explain:

COURT RECORD

Have you ever been arrested or charged with any violation, including traffic offenses or have you ever been arrested for past due tickets? Yes__ No____

(List all such matters even if you were not formally charged or there was no court appearance, including whether you found guilty, and if the matter was settled by payment of fine or forfeiture of bond or collateral.)

Date	Place	Charge	Disposition	Details

Have you ever been a plaintiff or a defendant in any court action? Yes / No _____

If yes, explain by furnishing dates, place, court, names of parties involved, nature of action and final disposition.

RELATIVES

Please use complete name, including middle name (no initials) and complete address:

Father	Business (name)
Street Address	Street Address
City State Zip	City State Zip
Birth date Telephone #	Telephone #
Mother	Business (name)
Street Address	Street Address
City State Zip	City State Zip
Birth date Telephone #	Telephone #

REFERENCES

Give three references who are not related to you and who are responsible adults of reputable standing in their communities. If retired, please give their former occupation.

Complete Name:	Residence:
No. yrs. Acquainted:	Business:
Occupation:	Telephone No. ()
Complete Name:	Residence:
No. yrs. Acquainted:	Business:
Occupation:	Telephone No. ()
Complete Name:	Residence:
No. yrs. Acquainted:	Business:
Occupation:	Telephone No. ()

APPLICANT MISCELLANEOUS DATA

Do you have any physical disability, handicap, or illnesses, which would limit your participation in post activities?

Yes _____ No _____ If yes please explain: _____

List any hobbies, sports or extra-curricular activities that you are currently involved in.

Why are you interested in Public Safety Cadets?

Are there any additional remarks you would like to make?

STATEMENT

I understand that all appointments are probationary for a period of six months. During this time, I must demonstrate my fitness for continued membership in Public Safety Cadets. I further understand that any appointment tendered to me will be contingent upon the results of a complete background investigation for character and fitness evaluation. I am also aware that with-holding any information or making false statements of any kind on this application will be grounds for immediate dismissal.

I hereby swear and affirm that each statement and all information in or supplementing this application (personal and physical evaluation is complete, true and accurately recorded to the best of my knowledge. I understand that providing false misleading, and /or incomplete information on this application is grounds for exclusion from the selection process or discharge if discovered subsequent to membership in the Public Safety Cadets.

Applicant Name

Applicant Signature

____/____/____
Date

This portion is to be filled out by a staff members of the Polk County Sheriff's Office only:

Applicant application reviewed by _____ Date: _____

Warrant Check / Criminal History Completed Yes No Employment Check Completed Yes No Reference Check Completed Yes No